

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90216 027 ****61.25

DOCUMENT # N02000006174

1. Entity Name
SPACE COAST STEEL BOOSTERS, INC.



Principal Place of Business
P.O. BOX 10177
PORT ST. JOHN, FL 32927

Mailing Address
P.O. BOX 10177
PORT ST. JOHN, FL 32927



2. Principal Place of Business - No P.O. Box #
6150 BANYAN STREET
Suite, Apt. #, etc.

3. Mailing Address
6150 BANYAN STREET
Suite, Apt. #, etc.

04162007 Chg-NP CR2E037 (12/06)

City & State
COCOA, FL
Zip
32927 Country

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COCOA, FL
Zip
32927 Country

4. FEI Number
51-0420925

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, EDWIN L
665 PINE RIVER PL., APT. 311
OVIDO, FL 32765

7. Name and Address of New Registered Agent

Name
ANDERSON, EDWIN
Street Address (P.O. Box Number is Not Acceptable)
6150 BANYAN STREET
City
COCOA FL Zip Code
32927

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edwin L Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, EDWIN L 665 PINE RIVER PL., APT. 311 OVIDO, FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPDT HUGGINS, MARY C 6945 PLUTO AVE COCOA, FL 32927	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGINNIS, ARLENE 7220 CAMILO RD COCOA, FL 32927	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SOREY, RONNIE 5555 NATURA STREET COCOA, FLORIDA 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FILI AULT, LORETTA 6090 GRISCOM PKWY COCOA, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D STULL, DONNA 6150 BACTIMORE AVE COCOA, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/T/D RIGOLINI, MARIANNE 6741 HARTFORD RD COCOA, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADOR, KAREN 4400 FEATHER STREET COCOA, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONNA STULL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07 (321)394-1483